Revi	sion:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		ATTACHMENT 4.18-E Page 1 OMB No.: 0938-
		STATE PLAN U	NDER TITLE	XIX OF THE	SOCIAL SECURITY ACT
		State/Territor	у:	Nebraska	
		Optiona Qualifi	l Sliding .ed Disabl	Scale Premi ed and Worki	ums Imposed on .ng Individuals
	qualif.	llowing method ied disabled ar)(10)(E)(ii) of	nd working	individuals	the monthly premium imposed covered under section
. •			N	/A	
			,		•
					. *
	for pro	emium payment,	notificat.	ion of the c	s as follows (include due da consequences of nonpayment, a c of premium payment):
				•	
*Des	cripti	on provided on	attachmen	t	
Supe	rsedes	Approval	DateJA	N 2 0 1992	Effective Date NOV 0 1 199
TN N	lo. (1	new page)			-1101

HCFA ID: 7986E

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 4.18-E AUGUST 1991 Page 2 OMB No.:0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: _ Nebraska C. State or local funds under other programs are used to pay for premiums: Yes No The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below: *Description provided on attachment. TN No. JAH 2 9 1992 MAN OF SOME

Effective Date _

HCFA ID: 7986E

Supersedes

TN No. (new page)

Approval Date __